

ISSUES AND ANSWERS: FACT SHEET ON SEXUALITY EDUCATION

Sexuality education is the lifelong process of building a strong foundation for sexual health. It takes place daily in homes, schools, faith-based institutions, and through the media. Even though this topic is often discussed, myths and misunderstandings persist. This fact sheet is designed to clarify this issue for parents, educators, health care professionals, policymakers, the media, and others so they can understand the complexities and importance of sexuality education.

LEARNING ABOUT SEXUALITY

Issue: What is sexuality education?

Answer: Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values. It includes sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles.

Sexuality education addresses the biological, sociocultural, psychological, and spiritual dimensions of sexuality from the cognitive domain (information); the affective domain (feelings, values, and attitudes); and the behavioral domain (communication and decision-making skills).¹

Issue: Where do young people learn about sexuality?

Answer: Sexuality education begins at home. Parents and caregivers are—and ought to be—the primary sexuality educators of their children. Teachable moments—opportunities to discuss sexuality issues with children—occur on a daily basis.

From the moment of birth, children learn about love, touch, and relationships. Infants and toddlers learn about sexuality when their parents talk to them, dress them, show affection, play with them, and teach them the names of the parts of their bodies. As children grow, they continue to receive messages about sexual behaviors, attitudes, and values from their families and within their social environment.

Some parents and caregivers are comfortable discussing sexuality issues with their kids. Others feel anxious about providing too much information or embarrassed about not knowing answers to questions that are asked. Honest, open communication between parents and children—through childhood, the pre-teen years, adolescence, and young adulthood—can help lay the foundation for young people to mature into sexually healthy adults.

Young people also learn about sexuality from other sources. These include friends, teachers, neighbors, television, music, books, advertisements, toys, and the Internet. They also frequently learn through planned opportunities in faith communities, community-based agencies, and schools.

EDUCATION IN THE HOME

Issue: Are parents and children comfortable discussing sexuality?

Answer: Research has shown that parents and children have a wide range of comfort levels when it comes to discussing sexuality. However, children consistently report wanting to receive information about sexuality from their parents.

- * In one study of 687 students in grades 9 through 12, 36% said they wanted to talk to their parents about sex. Of the 405 parents surveyed for this study, 58% felt that their teens wanted to talk to them about sex.²
- * A study of 374 parents of students in grades 7 through 12 found that 65% were “somewhat comfortable” or “very comfortable” talking to their teens about sexuality.³
- * *Talking with Kids about Tough Issues*, a study released in 2001 by the Kaiser Family Foundation, Nickelodeon, and Children Now, surveyed 1,249 parents of children 8 to 15 years of age and 823 children in that age group. The study found that 32% of children were “very comfortable” and 45% were “kind of comfortable” talking to their parents about puberty; 42% were “very comfortable” and 45% “kind of comfortable” talking to their parents about HIV/AIDS; 27% were “very comfortable” and 49% were “kind of comfortable” talking to their parents about the basics of sexual reproduction; and 43% were “very comfortable” and 38% were “kind of comfortable” talking with their parents about what it means to be gay.⁴

Issue: Are parents talking to their children about sexuality?

Answer: Research shows that parents and children do discuss numerous issues related to sexuality, but that the frequency of these discussions and the topics covered vary.

- * In a study published by the *Journal of School Health*, almost all parents (94%) reported that they had talked to their teens about sexuality. However, only 9% believed that most parents adequately communicated with their teens about sexuality.⁵
- * *Talking with Kids about Tough Issues* found that 65% of parents reported talking to their children about puberty, 59% about the basic facts of sexual reproduction, 55% about HIV or AIDS, and 52% about what it means to be gay.⁶
- * In addition, among respondents in that study whose children were between the ages of 12 and 15, 49% discussed how to know when he/she is ready to have a sexual relationship, 54% discussed how to handle

pressure to have sex, and 32% discussed what kinds of birth control are available and where to get them.⁷

- * In another study, parents report speaking “a great deal” with their children about STDs (40%), dating relationships (37%), and not having sexual intercourse until marriage (36%). In contrast, the parents reported that they spoke to their children “not at all” about masturbation (39%), prostitution (42%), pornography (40%), and abortion (34%).⁸
- * It is important to note that parents and children do not always agree about the content or frequency of these conversations. In *Talking With Kids about Tough Issues*, 59% of 8 to 11 year olds whose parents say they talked to them about HIV/AIDS do not recall the conversation, nor do 39% of 8 to 11 years olds whose parents say they talked to them about the basics of sexual reproduction, or 36% of 8 to 11 years olds whose parents say they talked to them about puberty.⁹
- * In another study, 98% of parents felt they had communicated with their teens about alcohol use, drug use, and sex while only 76% of teens said these discussions took place.¹⁰

Issue: Is adult-child communication about sexuality effective.

Answer: Teens consistently rank their parents as one of their primary sources of information on sexuality issues and studies have shown that adult-child communication can decrease sexual risk behaviors.

- * *Talking with Kids about Tough Issues* found that 58% of children said they learned “a lot” about sex, “treating people who are different,” drugs, alcohol, and violence from their mothers, 38% from their fathers, and 32% from other people in their families.¹¹
- * A 1999 study released by the Kaiser Family Foundation found that 59% of adolescents 10 to 12 years of age and 45% of adolescents 13 to 15 years of age said that they personally learned the “most” about sexuality from their parents.¹²
- * A study published in the *Journal of Adolescent Research* found that parent-teen discussions about condoms were related to greater condom use at last intercourse, greater lifetime condom use, and greater consistent condom use.¹³
- * In addition, a study of the role of adult mentors found that youth who reported having a mentor were significantly less likely to have had sexual intercourse with more than one partner in the six months prior to the study than their peers who reported not having an adult mentor.¹⁴

SCHOOL-BASED EDUCATION

Issue: What are the goals of school-based sexuality education?

Answer: School-based sexuality education complements and augments the sexuality education children receive from their families, religious and community groups, and health care professionals. The primary goal of school-based sexuality

education is to help young people build a foundation as they mature into sexually healthy adults. Such programs respect the diversity of values and beliefs represented in the community.

Sexuality education seeks to assist young people in understanding a positive view of sexuality, provide them with information and skills about taking care of their sexual health, and help them make sound decisions now and in the future.

Comprehensive sexuality education has four main goals:

- * to provide accurate information about human sexuality
- * to provide an opportunity for young people to develop and understand their values, attitudes, and beliefs about sexuality
- * to help young people develop relationships and interpersonal skills, and
- * to help young people exercise responsibility regarding sexual relationships, including addressing abstinence, pressures to become prematurely involved in sexual intercourse, and the use of contraception and other sexual health measures.¹⁵

Issue: How do school-based programs differ?

Answer: Schools and communities are responsible for developing their own curricula and programs regarding sexuality education. The following terms and definitions provide a basic understanding of the sexuality education programs currently offered in schools and communities.

- * **Comprehensive sexuality education.** Sexuality education programs that start in kindergarten and continue through twelfth grade. These programs include information on a broad set of topics and provide students with opportunities to develop skills and learn factual information.
- * **Abstinence-based.** HIV-prevention and sexuality education programs which emphasize abstinence. They also include information about non-coital sexual behavior, contraception, and disease prevention methods. These programs are also referred to as *abstinence-plus* or *abstinence-centered*.
- * **Abstinence-only.** HIV-prevention and sexuality education programs which emphasize abstinence from all sexual behaviors. They do not include any information about contraception or disease prevention methods.
- * **Abstinence-only-until-marriage.** HIV-prevention and sexuality education programs which emphasize abstinence from all sexual behaviors outside of marriage. They do not include information about contraception or disease-prevention methods. They typically present marriage as the only morally correct context for sexual activity.

Issue: What do comprehensive programs ideally include?

Answer: The National Guidelines Task Force, composed of representatives from 15 national organizations, schools, and universities, identified six key concept areas that should be part of any comprehensive sexuality education program: human development, relationships, personal skills, sexual behavior, sexual health, and society and culture.

The Task Force published the *Guidelines for Comprehensive*

Sexuality Education, which include information on teaching 36 sexuality-related topics in an age-appropriate manner.¹⁶

Issue: What does school-based sexuality education include?

Answer: The content of sexuality education varies depending on the community and the age of the students in the programs. Recent studies provide some insight into what is taught in America's classroom today.

- * In a national survey released by the Kaiser Family Foundation, 61% of teachers and 58% of principals reported that their school takes a comprehensive approach to sexuality education, described as teaching young people that they should wait to engage in sexual behavior but that they should practice "safer sex" and use birth control if they do not. In contrast, 33% of teachers and 34% of principals described their school's main message as abstinence-only-until-marriage.¹⁷
- * In the same survey, teachers reported covering the following topics in their most recent sexuality education course: HIV/AIDS (98%), abstinence (97%), STDs (96%), and the basics of reproduction (88%), birth control (74%), abortion (46%), and sexual orientation and homosexuality (44 %).¹⁸
- * The Centers for Disease Control and Prevention's (CDC's) Division of Adolescent and School Health has published *School Health Education Profiles* (SHEP) which summarizes results from 35 state surveys and 13 local surveys conducted among representative samples of school principals and health education coordinators. SHEP found that 97% of health education courses required by states included information about HIV prevention, 94% included information about STD prevention, and 85% included information about pregnancy prevention.¹⁹
- * Among those schools that required HIV education, 99% taught about HIV infection and transmission, 76% taught about condom efficacy, and 48% taught how to use condoms correctly.²⁰
- * In addition, 96% of health education courses required by states taught skills to help students resist social pressures, 97% taught decision-making skills, and 90% taught communication skills.²¹

RESEARCH ON EDUCATION

Issue: Are comprehensive sexuality education programs that teach students about both abstinence and contraception effective?

Answer: Numerous studies and evaluations published in peer-reviewed literature suggest that comprehensive sexuality education is an effective strategy to help young people delay involvement in sexual intercourse. Research has also concluded that these programs do not hasten the onset of sexual intercourse, do not increase the frequency of sexual

intercourse, and do not increase the number of partners of sexually active teens.

* ***Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy***, a report released in 2001 by The

National Campaign to Prevent Teen Pregnancy, identified successful teenage pregnancy prevention initiatives, including five sexuality/HIV education programs, two community service programs, and one intensive program that combined sexuality education, health care, and activities such as tutoring. *Emerging Answers* concluded that sexuality and HIV education programs do not hasten sexual activity, that education about abstinence and contraception are compatible rather than in conflict with each other, and that making condoms available does not increase sexual behavior.²²

* ***No Easy Answers***, a report commissioned in 1997 by The National Campaign to Prevent Teen Pregnancy, reviewed both sexuality and HIV education programs. The report concluded that skills-based sexuality education—those programs that, among other things, teach contraceptive use and communications skills—can delay the onset of sexual intercourse or reduce the frequency of sexual intercourse, reduce the number of sexual partners, and increase the use of condoms and other contraception. The review concluded that sexuality and HIV education curricula that discuss abstinence and contraception do not hasten the onset of intercourse, do not increase the frequency of intercourse, and do not increase the number of sexual partners.²³

* ***UNAIDS, Sexual Health Education Does Lead to Safer Sexual Behavior—UNAIDS Review***, commissioned in 1997 by the Joint United Nations Programme on HIV/AIDS (UNAIDS), examined 68 reports on sexuality education from France, Mexico, Switzerland, Thailand, the United Kingdom, the United States, and various Nordic countries. It found 22 studies that reported that HIV and/or sexual health education either delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy and STD rates. It also found that education about sexual health and/or HIV does not encourage increased sexual activity. The authors concluded that quality sexual health programs helped delay first intercourse and protect sexually-active youth from pregnancy and STD's, including HIV.²⁴

Issue: What are the characteristics of effective programs?

Answer: Research has shown that effective programs share a number of common characteristics. These characteristics were developed by Doug Kirby, Ph.D, author of both *Emerging Answers* and *No Easy Answers*. Effective programs:

- * focus narrowly on reducing one or more sexual behaviors that lead to unintended pregnancy or STDs/HIV infection

- * are based on theoretical approaches that have been successful in influencing other health-related risky behaviors
- * give a clear message by continually reinforcing a clear stance on particular behaviors
- * provide basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse
- * include activities that address social pressures associated with sexual behavior
- * provide modeling and the practice of communication, negotiation, and refusal skills
- * incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students
- * last a sufficient length of time to complete important activities adequately
- * select teachers or peers who believe in the program they are implementing and then provide training for those individuals²⁵

Issue: Are abstinence-only-until-marriage programs effective?

Answer: To date, no published studies of abstinence-only programs have found consistent and significant program effects on delaying the onset of intercourse.

- * The National Campaign to Prevent Teen Pregnancy's report titled *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy* identifies successful teenage pregnancy-prevention initiatives but indicates that none are abstinence-only programs. The report indicates that evidence is not conclusive about such programs but that, thus far, the information is "not encouraging." In fact, the report states that none of the evaluated abstinence-only programs "showed an overall positive effect on sexual behavior, nor did they affect contraceptive use among sexually active participants."²⁶
- * Of the previous studies of abstinence-only programs, none have found consistent and significant program effects on delaying intercourse. At least one has provided strong evidence the program did not delay the onset of intercourse.
- * Proponents of abstinence-only-until-marriage programs often conduct their own in-house evaluations and cite them as proof that their programs are effective. Outside experts have found, however, that these evaluations are inadequate, methodologically unsound, or inconclusive based on methodological limitations.²⁷
- * The CDC's *Research to Classroom Project* identifies curricula that have shown evidence of reducing sexual risk behaviors. A recent paper written by the White House Office of National AIDS Policy points out that "none of

the curricula on the current list of programs uses an 'abstinence-only' approach."²⁸

Issue: Are "Virginity Pledges" effective?

Answer: In recent years, many abstinence programs have begun to include pledge cards for students to sign promising to remain virgins until they are married. Recent research suggests that under certain conditions these pledges may help some adolescents delay sexual intercourse. For these adolescents, the pledge helped them delay the onset of sexual intercourse for an average of 18 months. The study, however, also found that those young people who took a pledge were less likely to use contraception when they did become sexually active.²⁹

GOVERNMENT'S ROLE

Issue: Is there a federal policy on sexuality education?

Answer: There is no federal law or policy requiring sexuality or HIV education. The federal government is explicit in its view that it should not dictate sexuality education or its content in schools. Four federal statutes preclude the federal government from prescribing state and local curriculum standards:

- * the Department of Education Organization Act, Section 103a
- * the Elementary and Secondary Education Act, Section 14512
- * Goals 2000, Section 314(b)
- * the General Education Provisions Act, Section 438

Issue: How does the federal government's abstinence-only-until-marriage education program fit in?

Answer: While the federal government does not have a policy about sexuality education and has never taken an official position on the subject, a number of federal programs have been instituted in recent years that provide funding for strict abstinence-only-until-marriage education.

- * In 1996, the federal government created an entitlement program, Section 510(b) of Title V of the Social Security Act, that funnels \$50 million per year for five years into states for abstinence-only-until-marriage programs. Those that choose to accept Section 510(b) funds must match every four federal dollars with three state-raised dollars and then disperse the funds for educational activities.
- * Programs that accept the Section 510(b) funds must adhere to the following strict definition of "abstinence education":
 - (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
 - (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
 - (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
 - (D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
 - (E) teaches that sexual activity outside of the context of marriage is

likely to have harmful psychological and physical effects;

(F) teaches that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

- * Funding for abstinence-only-until-marriage education has increased nearly 3,000% since this federal entitlement program was created in 1996.³⁰ The federal government has since approved an additional 50 million dollars of funding for abstinence-only-until-marriage programs. Although these funds are not part of Section 510(b), programs must conform to the strict eight-point definition. In addition, these new funds are awarded directly to state and local organizations by the Maternal and Child Health Bureau through a competitive grant process instead of through state block grants as is the case for Section 510(b) funds.

Issue: Do state governments have policies on sexuality education?

Answer: States vary in their approach to sexuality education. Some mandate that schools provide sexuality education, others mandate that schools provide STD and/or HIV/AIDS education, and others mandate both. Some states make no mandates at all while others make recommendations.

Among states that mandate sexuality education and/or STD and/or HIV/AIDS education, some include specific requirements or restrictions on the content of these courses while others leave these decisions to local communities.

Even in those states where sexuality education is not mandated, certain requirements and restrictions are sometimes placed on those schools that opt to teach either sexuality education or STD and/or HIV/AIDS education.

There is a lack of uniformity in language used by states to enact mandates. This makes categorization difficult. For more information, contact your state legislature.

Sexuality education mandates.

- * Nineteen states, including the District of Columbia, require schools to provide sexuality education. (DE, DC, GA, IL, IA, KS, KY, MD, MN, NV, NJ, NC, RI, SC, TN, UT, VT, WV, WY)
- * Thirty-two states do not require schools to provide sexuality education. (AL, AK, AZ, AR, CA, CO, CT, FL, HI, ID, IN, LA, ME, MA, MI, MS, MO, MT, NE, NH, NM, NY, ND, OH, OK, OR, PA, SD, TX, VA, WA, WI)³¹

Content requirements. Regarding sexuality education, content requirements for abstinence and contraception were examined. Many states also have mandates for the inclusion or prohibition of other information, such as information on puberty and sexual orientation.

- * Of the 19 states that require schools to provide sexuality education, three (IL, KY, UT) require schools that teach

sexuality education to teach abstinence but do not require that they teach about contraception.

- * Of the 19 states that require schools to provide sexuality education, nine (DE, GA, NJ, NC, RI, SC, TN, VT, WV) require schools that teach abstinence to also teach about contraception.
- * Of the 32 states that do not require schools to provide sexuality education, 11 (AL, AZ, CO, FL, IN, LA, MI, MS, OK, SD, TX) require that curricula, when taught, must include information about abstinence but not about contraception. Of those 11 states, six (AL, FL, IN, LA, MS, TX) require that curricula, when taught, must include abstinence-only-until-marriage education.
- * Of the 32 states that do not require schools to provide sexuality education, five (CA, HI, MO, OR, VA) require that curricula, when taught, must provide information about abstinence and contraception. Of these five, three (CA, MO, VA) specify abstinence-only-until-marriage education.³²

STD/HIV education mandates.

- * Thirty-six states, including the District of Columbia, require schools to provide STD, HIV, and/or AIDS education. (AL, CA, CT, DE, DC, FL, GA, IL, IN, IA, KS, KY, MD, MI, MN, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VT, WA, WV, WI, WY)
- * Fifteen states do not require schools to provide STD, HIV, and/or AIDS education. (AK, AZ, AR, CO, HI, ID, LA, ME, MA, MS, MT, NE, SD, TX, VA)³³

Content requirements. For STD and/or HIV/AIDS education, content requirements for abstinence and prevention methods were examined.

- * Of the 36 states that require schools to provide STD, HIV, and/or AIDS education, two (IN, OH) require that such education also teach abstinence-only-until-marriage but do not require information about prevention methods.
- * Of the 36 states that require schools to provide STD, HIV, and/or AIDS education, 24 (AL, CA, DE, FL, GA, IL, KY, MI, MN, MO, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TN, UT, VT, WA, WV) require that such education also teach about abstinence and methods of prevention. Of these 24 states, 12 (AL, CA, FL, GA, IL, MN, MO, NC, SC, TN, UT, WA) specify abstinence-only-until-marriage education.
- * Of the 15 states that do not require schools to provide STD, HIV, and/or AIDS education, four (AZ, LA, MS, TX) require that such education also teach abstinence but not prevention methods. Of these four, three (LA, MS, and TX) specify abstinence-only-until-marriage.
- * Of the 15 states that do not require schools to provide STD, HIV, and/or AIDS education, two (HI, VA) require that such programs, if taught, must also teach abstinence

and methods of prevention. Virginia specifies abstinence-only-until-marriage³⁴

SUPPORT FOR COMPREHENSIVE SEXUALITY EDUCATION

Issue: Do parents, teachers, and students support it?

Answer: Recent research shows that parents, teachers, and students consistently support sexuality education and that they want more rather than fewer topics included in these classes.

- * A 2000 study released by the Kaiser Family Foundation found that virtually all parents, teachers, principals, and students want some form of sexuality education taught in secondary school, and all overwhelmingly support teaching high school students a broad range of topics including birth control and safer sex. For middle and junior high school students, support is more divided; about half or more of students, parents, teachers, and principals favor teaching all aspects of sexuality education.³⁵
- * Parents surveyed wanted sexuality education to teach the following topics and skills: HIV/AIDS and other STDs (98%), the basics of reproduction and birth control (90%), how to deal with the pressure to have sex and emotional issues and consequences of being sexually active (94%); how to talk with a partner about birth control and STDs (88%); how to use condoms (85%); how to use and where to get other birth control (84%); abortion (79%); and sexual orientation and homosexuality (76%).³⁶
- * A third of parents (33%) said they wanted their children to learn abstinence as the only option until marriage. However, many of the same parents also wanted their children to learn preventative skills such as how to use condoms and other birth control methods.³⁷
- * In addition, nearly three-quarters of parents (74%) said that they wanted schools to present issues in a “balanced” way that represented different views in society.³⁸
- * When asked what they wanted to learn more about, students who had already had sexuality education classes named the following: knowing what to do in case of rape or sexual assault (55%); knowing how to deal with the emotional consequences of being sexually active (46%); knowing how to talk with a partner about birth control and STDs (46%); and knowing how to use or where to obtain birth control (40%).³⁹

Issue: Does the public support sexuality education?

Answer: Numerous national polls find overwhelming public support for comprehensive sexuality education.

- * A national poll conducted by Hickman-Brown Research, Inc., in 1999 for SIECUS and Advocates for Youth found that 93% of all Americans support the teaching of

sexuality education in high schools and 84% support sexuality education in middle/junior high schools.⁴⁰

- * A survey conducted by Peter D. Hart Research Associates, Inc., for the Children’s Research and Education Institute in 1999 found that 66% of registered voters are in favor of teaching sexuality education in the public elementary schools, 22% are negative about sexuality education in the public elementary schools, and 12% are neutral on the topic.⁴¹
- * A recent Phi Delta Kappa/Gallup Poll, *The Public’s Attitudes Toward the Public Schools*, found that 87% of Americans favor including sexuality education in school curricula.⁴²

Issue: Do national and government organizations support sexuality education?

Answer: Numerous national and government organizations have expressed support for comprehensive sexuality education.

- * Officials at the National Institutes of Health⁴³, The Institute of Medicine⁴⁴, the U.S. Centers for Disease Control and Prevention⁴⁵, the White House Office on National AIDS Policy⁴⁶, and the Surgeon General’s Office⁴⁷ have all publicly supported sexuality education programs that included information about abstinence, contraception, and condom use.
- * Prominent public health organizations also support comprehensive sexuality education including the American Medical Association⁴⁸, the American Academy of Pediatrics⁴⁹, the American College of Obstetrics and Gynecology⁵⁰, and the Society for Adolescent Medicine.⁵¹
- * In fact, more than 127 mainstream national organizations focusing on young people and health issues including Advocates for Youth, Girls Inc., the National Association for the Advancement of Colored People, and the YWCA of the USA have joined the National Coalition to Support Sexuality Education to assure comprehensive sexuality education for all youth in the United States.

Issue: Is there more information available on these issues.

Answer: SIECUS provides resources and services to help parents, educators, policymakers, the media, and the public understand sexuality education. SIECUS’ Web site (www.siecus.org) contains over 1,000 pages of information and links to numerous organizations working in this area. SIECUS also produces fact sheets, bibliographies, and other publications to expand on the information in this fact sheet. Contact SIECUS for a publications catalogue. In addition, SIECUS’ Mary S. Calderone Library is open to the public for assistance with research.

REFERENCES

1. National Guidelines Task Force, *Guidelines for Comprehensive Sexuality Education, 2nd Edition, Kindergarten-12th Grade* (New York: Sexuality Information and Education Council of the United States, 1996), p. 3.

2. *Teen Today 2000, Liberty Mutual and Students Against Destructive Decisions/ Students Against Drunk Driving* (Boston, MA: Students Against Drunk Driving, 2000).
3. T. R. Jordan, et al., "Rural Parents' Communication with Their Teenagers about Sexual Issues," *Journal of School Health*, vol. 70, no. 8, pp. 338-44.
4. The Henry J. Kaiser Family Foundation, *Talking with Kids about Tough Issues: A National Survey of Parents and Kids, Questionnaire and Detailed Results* (Menlo Park, CA: The Henry J. Kaiser Family Foundation, 2001) pp. 16-17.
5. T. R. Jordan, et al., "Rural Parents' Communication with Their Teenagers About Sexual Issues."
6. The Henry J. Kaiser Family Foundation, *Talking with Kids about Tough Issues: A National Survey of Parents and Kids*.
7. Ibid.
8. T. R. Jordan, et al., "Rural Parents' Communication with Their Teenagers About Sexual Issues."
9. The Henry J. Kaiser Family Foundation, *Talking with Kids about Tough Issues: A National Survey of Parents and Kids*.
10. *Teen Today 2000, Liberty Mutual and Students Against Destructive Decisions/ Students Against Drunk Driving*.
11. The Henry J. Kaiser Family Foundation, *Talking with Kids about Tough Issues: A National Survey of Parents and Kids*.
12. Ibid., chart 4.
13. D. Whitaker and K. S. Miller, "Parent-Adolescent Discussions about Sex and Condoms: Impact on Peer Influences of Sexual Risk Behaviors," *Journal of Adolescent Research*, March 2000, vol. 15, no. 2, pp. 251-73.
14. S. R. Beier, et al., "The Potential Role of an Adult Mentor in Influencing High-risk Behaviors in Adolescents," *Archives of Pediatrics & Adolescent Medicine*, April 2000, vol. 154, pp. 327-31.
15. National Guidelines Task Force, *Comprehensive Sexuality Education*, pp. 3, 5.
16. Ibid. pp. 7-10.
17. The Henry J. Kaiser Family Foundation, *Sex Education in America: A View from Inside the Nation's Classrooms*, Chart Pack (Menlo Park, CA: The Henry J. Kaiser Family Foundation, 2000), chart 9.
18. Ibid, chart 10.
19. "Characteristics of Health Education Among Secondary Schools—School Health Education Profiles, 1996" *Morbidity and Mortality Weekly Report*, September 11, 1998, vol. 47, no. SS-4, pp. 1-31, table 4.
20. Ibid., table 12.
21. Ibid., p. 5.
22. D. Kirby, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy* (The National Campaign to Prevent Teen Pregnancy, May 2001).
23. D. Kirby, *No Easy Answers* (Washington: National Campaign to Prevent Teen Pregnancy, 1997)
24. "Sexual Health Education Does Lead to Safer Sexual Behaviour—UNAIDS Review" Press Release, Joint United Nations Programme on HIV/AIDS, October 22, 1997.
25. D. Kirby, "What Does the Research Say about Sexuality Education/" *Educational Leadership*, Oct. 2000, p. 74.
26. D. Kirby, *Emerging Answers*, "Summary," p. 8.
27. C. Bartels, et. al, *Federally Funded Abstinence-Only Sex Education Programs: A Meta-Evaluation*. Paper presented at the Fifth Biennial Meeting of the Society for Research on Adolescence, San Diego, CA, February 11, 1994; B. Wilcox, et al., *Adolescent Abstinence Promotion Programs: An Evaluation of Evaluations*. Paper presented at the Annual Meeting of the American Public Health Association, New York, NY, November 18, 1996.
28. Office of National AIDS Policy, The White House, *Youth and HIV/AIDS 2000: A New American Agenda* (Washington, DC: Government Printing Office, 2000), p. 14.
29. P. Bearmen and H. Brueckner, *Executive Summary: Promising the Future*, December 1999 [Who published? Where?]
30. C. Dailard, "Fueled by Campaign Promises, Drive Intensifies to Boost Abstinence-Only Education Funding," *The Guttmacher Report on Public Policy*, vol. 3, no.2, April 2000.
31. National Abortion and Reproductive Rights Action League Foundation (NARAL), *Who Decides? A State-by-State Review of Abortion and Reproductive Rights* (Washington, DC: NARAL, the NARAL Foundation, January 2001)
32. Ibid.
33. Ibid.
34. Ibid.
35. The Henry J. Kaiser Family Foundation, *Sex Education in America: A View from Inside the Nation's Classrooms*, p. 32.
36. Ibid., chart 12.
37. Ibid., chart 14.
38. Ibid., p. 30.
39. Ibid., chart 15.
40. *SIECUS/Advocates for Youth Survey of Americans' Views on Sexuality Education* (Washington: Sexuality Information and Education Council of the United States, and Advocates for Youth, 1999).
41. *Teaching Sex Education in the Public Elementary Schools*, phone survey, Peter D. Hart Research Associates, Inc., February 20-26, 1999.
42. "The 30th Annual Phi Delta Kappa/Gallup Poll of the Public's Attitudes Toward the Public Schools," *Phi Delta Kappan*, September 1998, p. 54.
43. National Institutes of Health, *Consensus Development Conference Statement* (Rockville, MD: The Institutes, 1997).
44. Institute of Medicine, Committee on Prevention and Control of Sexually Transmitted Diseases T. R. Eng, W. T. Butler, editors., *The Hidden Epidemic: Confronting Sexually Transmitted Diseases* (Washington, DC: National Academy Press, 1997).
45. Centers for Disease Control and Prevention, statement of Dr. Lloyd Kolbe, director, Division of Adolescent and School Health, June 1998.
46. Office of National AIDS Policy, The White House, *Youth and HIV/AIDS 2000: A New American Agenda* (Washington, DC: Government Printing Office, 2000).
47. D. Satcher, *The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior* (Washington, DC: U.S. Government Printing Office, 2001).
48. Council on Scientific Affairs, American Medical Association, *Report 7 of the Council on Scientific Affairs: Sexuality Education, Abstinence, and Distribution of Condoms in Schools* (Chicago: American Medical Association, 1999).
49. American Academy of Pediatrics, "Policy Statement: Condom Availability for Youth," *Pediatrics*, vol. 95, 1995, pp. 281-85.
50. American College of Obstetrics and Gynecology, *Committee on Adolescent Health Care-Committee Opinion*, 1995.
51. Society for Adolescent Medicine, *Position Statements and Resolutions: Access to Health Care for Adolescents*, March 1992.

